

Vermont Psychiatric Care Hospital Procedure

Risk Assessment

Revised: X

Date: 04/07/14

INTRODUCTION: All patients at the Vermont Psychiatric Care Hospital (VPCH) shall have a daily assessment of risk. The assessment includes a risk of harm to self or others or the risk of elopement from the hospital. While there are some known risk factors that help in determining a person's risk, there are no tools available that predict any person's risk on a given day. A patient's risk level should be factored in allocating levels of autonomy. Equally important considerations in deciding the level of autonomy are mitigating factors and other appropriate clinical considerations. The suggestions of levels of autonomy below are guidelines and the patient's team must determine the appropriate level for each patient.

RISK ASSESMENT:

RISK	PATIENT'S CLINICAL PROFILE
Nominal	<ul style="list-style-type: none">• Remote or no history of harm to self or others• No recent thoughts, intent or plan of self-harm, suicide or homicide• No known risk of elopement
Low	<ul style="list-style-type: none">• Patient has had a history of harm to self or others, but not recently• Currently has no thoughts, intent or plan of self-harm, suicide or homicide• May have engaged in or has thoughts of self-injurious behavior but it functions to relieve stress and the actions pose a low level of risk• Low risk of elopement
Moderate	<ul style="list-style-type: none">• Patient has had a history of harm to self or others recently, and has signs that indicate impulsivity• Patient shows some ability to manage behavior safely, but still at risk of harm• May have engaged in self injurious behavior that has moderate risk of harm but not suicidal or homicidal• Moderate risk of elopement
High	<ul style="list-style-type: none">• History of severe harm to self or others recently• Patient continues to have thoughts, intent or active plans of self-harm, suicide or homicide• Patient remains impulsive and unable to manage behavior safely on their own• High risk of elopement• self-injurious behavior that has potential for serious long-term harm or lethality

MITIGATING FACTORS:

- Participation and adherence to the treatment plan
- A plan for discharge that supports management of risk
- Patient has a behavior plan
- Strong therapeutic relationships with team members
- Strong support system in the community
- Employment (Hospital or community before hospitalization)
- No current substance intoxication or withdrawal
- Behavior is lower risk while under supervision
- Patient has insight into their illness or substance abuse problems
- Positive, future oriented (hopeful) outlook

LEVELS OF AUTONOMY BASED ON RISK ASSESMENT UNLESS MITIGATING FACTORS ARE IDENTIFIED

<u>RISK</u>	<u>PATIENT CLINICAL PROFILE</u>	<u>SUGGESTED LEVELS OF OBSERVATION</u>	<u>SUGGESTED LEVELS OF AUTONOMY</u>
Nominal	<ul style="list-style-type: none">• Remote or no history of harm to self or others• No recent thoughts, intent or plan of self-harm, suicide or homicide• No known risk of elopement	15 minute checks	Restrict to secure area Supervised off secure areas
Low	<ul style="list-style-type: none">• Patient has had a history of harm to self or others, but not recently• Currently has no thoughts, intent or plan of self-harm, suicide or homicide• Engages in or has thoughts of self-injurious behavior but it functions to relieve stress and the actions pose a low level of risk• Low risk of elopement	15 minute checks	Restrict to secure area Supervised off secure areas
Moderate	<ul style="list-style-type: none">• Patient has had a history of harm to self or others recently, and has signs that indicate impulsivity• Patient shows some ability to manage behavior safely, but still at risk of harm• Engages in self injurious behavior but not suicidal or homicidal that has moderate risk of harm• Moderate risk of elopement	15 minute checks 1-1 Constant observation I, II or Close Supervision	Restrict to secure area Supervised off secure areas
High	<ul style="list-style-type: none">• History of severe harm to self or others recently• Patient continues to have thoughts, intent or active plans of self-harm, suicide or homicide• Patient remains impulsive and unable to manage behavior safely on their own• High risk of elopement• self-injurious behavior that has potential for serious long-term harm or lethality	15 minute checks 1-1 Constant Observation I, II or CS	Restrict to Unit Restrict to secure area Consider secure transport for any appointments

Reference:

1. Violence Risk Screening -10(V-RISK-10); Centre for Research and Education in Forensic Psychiatry, Oslo, Norway;2007
2. McLean Hospital Risk Assessment; James Chu, M.D. (Personal communication)
3. Suicide/Self Harm Assessment Tool; Assault and Violence Assessment Tool; Psychiatric Nursing, Institute of Psychiatry, Medical University of South Carolina
4. HCR-20 Assessing Risk for Violence; Webster, Douglas, Eaves and Hart; Simon Fraser University, British Columbia
5. Cat-Rag Suicide Assessment Form; Catawba Hospital

Approved by VPCH Policy Committee	Approval Date: April 7, 2014
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